

CONTRACT #3
RFS # 345.30-279

**Department of Human
Services**

VENDOR:
**J. P. Morgan Electronic
Financial Services, Inc.**



RECEIVED

APR 13 2006

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

www.state.tn.us/humanserv/
CITIZENS PLAZA BUILDING
400 DEADERICK STREET
NASHVILLE, TN 37248
Telephone 615-313-4700 TTY 1-800-270-1349
Fax 615-741-4165

FISCAL REVIEW

Phil Bredesen
Governor

Virginia T. Lodge
Commissioner

MEMORANDUM

TO: M. D. Goetz, Jr., Commissioner
Tennessee Department of Finance and Administration

FROM: Virginia T. Lodge, Commissioner
Tennessee Department of Human Services

DATE: April 12, 2006

SUBJECT: Additional Explanation as Required by Request for Non-Competitive Amendment

This memorandum provides the additional explanation required in accordance with Item 10 of the attached Request for Non-Competitive Amendment. The Department of Human Services has been awaiting final resolution of litigation involving the procurement of Electronic Benefit Transfer (EBT) services through an RFP released on May 6, 2004. Although a final ruling has recently been released by the Davidson County Chancery Court regarding the action, the uncertainty of the timing and substance of the court's determinations have resulted in a delay in initiating the contract amendment (and the related request to proceed with such amendment) in a timely manner. We are appreciative of your consideration of the attached request and related contract amendment, which will ensure the continuation of Electronic Benefit Transfer (EBT) services to more than 350,000 households across the state.

VTL:dtg

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED.

1) RFS # 345.30-279 (formerly 317.05-002)

2) State Agency Name : Department of Human Services

EXISTING CONTRACT INFORMATION

3) Service Caption : Electronic Benefit Transfer (EBT) Services

4) Contractor : J. P. Morgan Electronic Financial Services, Inc.

5) Contract # FA 97-12461

6) Contract Start Date : 6/15/1997

7) Current Contract End Date IF all Options to Extend the Contract are Exercised : 5/14/2006

8) Current Total Maximum Cost IF all Options to Extend the Contract are Exercised : \$39,010,096.00

PROPOSED AMENDMENT INFORMATION

9) Proposed Amendment # Eleven

10) Proposed Amendment Effective Date : 5/15/2006
(attached explanation required if date is < 60 days after F&A receipt)

10) Proposed Contract End Date IF all Options to Extend the Contract are Exercised : 8/14/2006

11) Proposed Total Maximum Cost IF all Options to Extend the Contract are Exercised : \$41,089,810.00

12) Approval Criteria : (select one) ☒ use of Non-Competitive Negotiation is in the best interest of the state

☐ only one uniquely qualified service provider able to provide the service

13) Description of the Proposed Amendment Effects & Any Additional Service :

This procurement relates to the statewide distribution of food stamps and TANF benefits through a debit card product that enables clients to utilize these benefits directly at point-of-sale machines at retail locations, and to obtain cash at Automatic Teller Machines and retail locations. The employment of these electronic benefit transfer (EBT) services is mandated by the U.S. Department of Agriculture. As of June 2004, 367,376 households received benefits through the EBT program. This amendment will ensure that the current services continue beyond the expiration date of the present contract on May 14, 2006.

14) Explanation of Need for the Proposed Amendment :

On May 6, 2004, the Department of Human Services issued RFP 345.30-980 for Electronic Benefit Services to provide for the continuation of EBT services following the expiration of the contract. On August 3, 2004, the Department made a determination to rescind that RFP due to material error, and issue a second RFP on September 8, 2004 (345.30-235). Subsequent to this decision, J.P. Morgan filed with Davidson County Chancery Court, requesting that a stay be granted to the RFP process, that the original RFP be scored in the original manner, and that another bidder to the original RFP be determined as non-responsive. A stay was posted on September 16, 2004. The Department also issued Amendment 2 to RFP 345.30-235, which holds in abeyance the procurement process until litigation is resolved and/or otherwise dismissed.

On October 3, 2005, the Court ruled in accordance with the State's request that it be allowed to proceed with the issuance of the second RFP, but subsequently amended this ruling on December 21, 2005, requiring that the original RFP be scored. While the State is proceeding with implementing this final ruling of the Court, there exists a real possibility of further legal actions on the part of other respondents to the original RFP that could result in prolonged litigation. Given this circumstance, the Department desires to amend the present contract for a period of time that will allow such actions, if initiated, to be resolved, and ensure that EBT services continue until final resolution and execution of a new contract.

15) Name & Address of Contractor's Current Principal Owner(s) :
(not required if proposed contractor is a state education institution)

Mr. Rick McKinney

J.P. Morgan Electronic Financial Services, Inc.

300 South Riverside Plaza; 16th Floor

Chicago, IL 60606

16) Documentation of Office for Information Resources Endorsement :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

17) Documentation of Department of Personnel Endorsement :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

18) Documentation of State Architect Endorsement :
(required only if the subject service involves construction or real property related services)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

19) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :

A continuation of current services through an amendment is the only way to ensure that EBT services will continue to be available once the current contract expires on May 14, 2006. This amendment extends the termination date to August 14, 2006. This term extension is necessary because, while the Davidson County Chancery Court has issued a final ruling relating to pending litigation, further actions by other respondents to the RFP, thereby preventing contract award, remains a possibility.

20) Justification for the Proposed Non-Competitive Amendment :

It is the responsibility of the State to ensure the continuity of benefit distribution for the Food Stamp and TANF programs, which provides necessary support for over 350,000 households each month. An extension of the current contract through further amendment should provide sufficient time to resolve any possible future litigation, finalize the procurement process and execute a contract, and coordinate with the retailer community to transition to a new vendor with no disruption of program services.

REQUESTING AGENCY HEAD SIGNATURE & DATE :

(must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR— signature by an authorized signatory will be accepted only in documented exigent circumstances)

Agency Head Signature

Date

CONTRACT SUMMARY SHEET

RFS Number:	345.30	Contract Number:	FA-97-12461-10
State Agency:	DEPARTMENT OF HUMAN SERVICES	Division:	FAMILY ASSISTANCE
Contractor:		Contractor Identification Number:	
J P MORGAN FINANCIAL SERVICES, INC.		X	V-
			C-
		V136190676-00	

Service Description

Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)

Contract Begin Date				Contract End Date			
6/15/97				05/14/06			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
345.30	137	83	11	X on STARS	N/A	N/A	
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments		
1999	\$450,900.00	\$780,400.00			\$1,231,300.00		
2000	\$1,842,550.00	\$1,842,550.00			\$3,685,100.00		
2001	\$1,930,450.00	\$1,930,450.00			\$3,860,900.00		
2002	\$1,922,550.00	\$1,860,350.00			\$3,782,900.00		
2003	\$2,706,510.00	\$2,706,510.00			\$5,413,020.00		
2004	\$3,382,337.00	\$3,382,337.00			\$6,764,674.00		
2005	\$3,491,337.00	\$3,491,337.00			\$6,982,674.00		
2006	\$4,164,692.50	\$4,164,692.50			\$8,329,385.00		
2007	\$519,928.50	\$519,928.50			\$1,039,857.00		
Total:	\$20,411,255.00	\$20,678,555.00			\$41,089,810.00		

CFDA Number:	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact:	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name: Karen Hall	Is the Contractor a VENDOR? (per OMB A-133)	x
Address: 400 Deaderick St.	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 313-5416	Is the Contractor on STARS?	x
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?	
Jeffrey W. Roberts 01/30/03	Is the Contractor's Form W-9 Filed with Accounts?	x

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	3/10/06	5/14/06
FY 2006		\$1,039,857.00
FY 2007		\$1,039,857.00
FY		
FY		
FY		
FY		
Totals:	\$39,010,096.00	\$2,079,714.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

**AMENDMENT ELEVEN
TO CONTRACT FA 97-12461-00**

This Contract, by and between the State of Tennessee, Department of Human Services, hereinafter referred to as the State, and J.P. Morgan Electronic Financial Services, Inc., hereinafter referred to as the Contractor, is hereby amended as follows:

1. Delete Section B.1 in its entirety and insert the following in its place:

B. PAYMENT TERMS AND CONDITIONS:

1. In no event shall the maximum liability of the State under this Contract exceed Forty-One Million Eighty-Nine Thousand Eight Hundred Ten Dollars and No Cents (\$41,089,810.00). This amount shall constitute the Contract Price and the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, hours worked, or materials or equipment required. The Contract Price includes, but is not limited to, all applicable taxes, fees, overheads, profit, travel expenses and all other direct and indirect costs incurred or to be incurred, by the Contractor.

2. Delete Section C.1 in its entirety and insert the following in its place:

C. TERM:

1. This Contract shall be effective for a period of nine (9) years two (2) months, commencing on June 15, 1997, and shall end on August 14, 2006. The State shall have no obligation for services rendered by the Contractor which are not performed within the specified period.

The other terms and conditions of this Contract not amended hereby shall remain in full force and effect.

IN WITNESS WHEREOF,

J. P. MORGAN ELECTRONIC FINANCIAL SERVICES, INC.:

RICK MCKINNEY, SENIOR VICE PRESIDENT, C.O.O.

DATE

DEPARTMENT OF HUMAN SERVICES:

Virginia T. Lodge, Commissioner

DATE

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M. D. Goetz, Jr., Commissioner

DATE

COMPTROLLER OF THE TREASURY:

John G. Morgan, Comptroller of the Treasury

DATE

CONTRACT SUMMARY SHEET

RFS Number:	345.30	Contract Number:	FA-97-12461-10
State/Agency:	DEPARTMENT OF HUMAN SERVICES	Division:	FAMILY ASSISTANCE
Contractor:		Contractor Identification Number:	
J P MORGAN FINANCIAL SERVICES, INC.		X	V-
			C-
		V136190676-00	

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APR 13 2006

Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)

FISCAL REVIEW

Contract Begin Date:	Contract End Date:
6/15/97	05/14/06

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
345.30	137	83	11	X on STARS	N/A	N/A

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
1999	\$450,900.00	\$780,400.00			\$1,231,300.00
2000	\$1,842,550.00	\$1,842,550.00			\$3,685,100.00
2001	\$1,930,450.00	\$1,930,450.00			\$3,860,900.00
2002	\$1,922,550.00	\$1,860,350.00			\$3,782,900.00
2003	\$2,706,510.00	\$2,706,510.00			\$5,413,020.00
2004	\$3,382,337.00	\$3,382,337.00			\$6,764,674.00
2005	\$3,491,337.00	\$3,491,337.00			\$6,982,674.00
2006	\$3,644,764.00	\$3,644,764.00			\$7,289,528.00
Total:	\$19,371,398.00	\$19,638,698.00			\$39,010,096.00

OCR RELEASED

MAR 14 2006

TO ACCOUNTS

GFDA Number:	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact:		Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name:	Karen Hall	Is the Contractor a VENDOR? (per OMB A-133)
Address:	400 Deaderick St.	Is the Fiscal Year Funding STRICTLY LIMITED?
Phone:	313-5416	Is the Contractor on STARS?
Procuring Agency Budget Officer Signature:		Is the Contractor's FORM W-9 ATTACHED?
Jeffrey W. Roberts 01/30/03		Is the Contractor's Form W-9 Filed with Accounts?

Funding Certification		
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	\$ 37,623,620.00	
FY 2006		\$1,386,476.00
FY		
FY		
FY		
FY		
FY		
Totals:	\$37,623,620.00	\$1,386,476.00

PROCESS

MAR 14 2006

DIRECTOR OF ACCOUNT

RECEIVED
2006 MAR 10 PM 3:25
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

**AMENDMENT TEN
TO CONTRACT FA 97-12461-00**

This Contract, by and between the State of Tennessee, Department of Human Services, hereinafter referred to as the State, and J.P. Morgan Electronic Financial Services, Inc., hereinafter referred to as the Contractor, is hereby amended as follows:

1. Delete Section B.1 in its entirety and insert the following in its place:

B. PAYMENT TERMS AND CONDITIONS:

1. In no event shall the maximum liability of the State under this Contract exceed Thirty-Nine Million Ten Thousand Ninety-Six Dollars and No Cents (\$39,010,096.00). This amount shall constitute the Contract Price and the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, hours worked, or materials or equipment required. The Contract Price includes, but is not limited to, all applicable taxes, fees, overheads, profit, travel expenses and all other direct and indirect costs incurred or to be incurred, by the Contractor.

2. Delete Section C.1 in its entirety and insert the following in its place:

C. TERM:

1. This Contract shall be effective for a period of eight (8) years eleven (11) months, commencing on June 15, 1997, and shall end on May 14, 2006. The State shall have no obligation for services rendered by the Contractor which are not performed within the specified period.

The other terms and conditions of this Contract not amended hereby shall remain in full force and effect.

IN WITNESS WHEREOF,

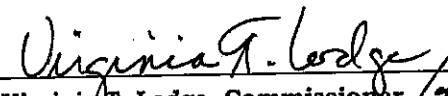
J. P. MORGAN ELECTRONIC FINANCIAL SERVICES, INC.:


RICK MCKINNEY, SENIOR VICE PRESIDENT, C.O.O.

DATE

3/9/06

DEPARTMENT OF HUMAN SERVICES:


Virginia T. Lodge, Commissioner

DATE

3-10-06

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M. D. Goetz, Jr., Commissioner

DATE

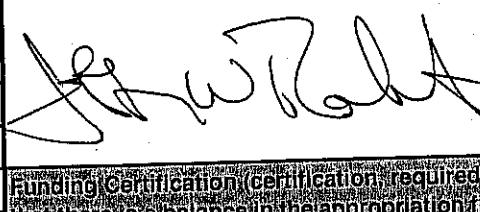
COMPTROLLER OF THE TREASURY:


John G. Morgan, Comptroller of the Treasury

DATE

3/14/06

CONTRACT SUMMARY SHEET

345.30		Contract # FA-97-12461-09	
State Agency Human Services		State Agency Division Family Assistance	
Contractor Name J P Morgan Electronic Financial Services, Inc.		Contractor ID# (FEIN or SSN) C- or X V- 94-047205 136790676-00	
Service Description Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)			
Contract BEGIN Date 15-Jun-97	Contract END Date 15-Mar-06	Subrecipient or Vendor? Vendor	CFDA #
Mark if Statement is TRUE <input type="checkbox"/> Contractor is on STARS as required <input type="checkbox"/> Contractor's Form W-9 is on file in Accounts as required			
Allotment Code 345.30	Cost Center 137	Object Code 083	Fund 11
FY	State	Federal	Interdepartmental
1999	\$ 450,900.00	\$ 780,400.00	
2000	\$ 1,842,550.00	\$ 1,842,550.00	
2001	\$ 1,930,450.00	\$ 1,930,450.00	
2002	\$ 1,922,550.00	\$ 1,860,350.00	
2003	\$ 2,706,510.00	\$ 2,706,510.00	
2004	\$ 3,382,337.00	\$ 3,382,337.00	
2005	\$ 3,491,337.00	\$ 3,491,337.00	
2006	\$ 2,951,526.00	\$ 2,951,526.00	
TOTAL	\$ 18,678,160.00	\$ 18,945,460.00	\$ -
COMPLETE FOR AMENDMENTS ONLY		State Agency Fiscal Contact & Telephone Rhonda Hicks -- 741.9795	
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	State Agency Budget Officer Approval
1999	\$ 901,800.00	\$ 329,500.00	 Rhonda Hicks 105 DEC -7 COMPTROLLER OFFICE MANAGEMENT
2000	\$ 3,685,100.00		
2001	\$ 3,860,900.00		
2002	\$ 3,782,900.00		
2003	\$ 5,413,020.00		
2004	\$ 6,764,674.00		
2005	\$ 6,982,674.00		
2006	\$ 5,903,052.00		
TOTAL	\$ 37,294,120.00	\$ 329,500.00	
End Date	3/15/2006	3/15/2006	
Contractor Ownership			
<input type="checkbox"/> African American	<input type="checkbox"/> Disabled	<input type="checkbox"/> Hispanic	<input checked="" type="checkbox"/> Small Business
<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> Native American	<input checked="" type="checkbox"/> NOT minority/disadvantaged
OTHER minority/disadvantaged—			
Contractor Selection Method			
<input type="checkbox"/> RFP	<input type="checkbox"/> Competitive Negotiation	<input type="checkbox"/> Alternative Procurement Method	
<input type="checkbox"/> Non-Competitive Negotiation	<input type="checkbox"/> Government	<input type="checkbox"/> Other	
Procurement Process Summary			

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Office of Contracts Management

CONTRACT SUMMARY SHEET

8-8-05

RFS	Contract #
317.05	FA-97-12461-09
State/Agency	State/Agency/Division
Human Services	Family Assistance
Contractor Name	Contractor ID# (FEIN or SSN)
J P Morgan Electronic Financial Services, Inc.	C- or <input checked="" type="checkbox"/> V- 94.047265

Service Description

Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)

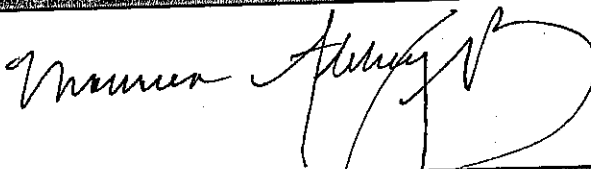
Contract BEGIN Date	Contract END Date	Subrecipient/Vendor	CFDA#
15-Jun-97	15-Mar-06	Vendor	

Mark if Statement is TRUE	
<input checked="" type="checkbox"/> Contractor is on STARS as required	<input checked="" type="checkbox"/> Contractor's Form W-9 is on file in Accounts as required

Allotment Code	Cost Center	Object Code	Fund	Funding Grant Code	Funding Subgrant Code
345.30	137	083	4412		

FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
1999		\$ -			\$ -
2000					\$ -
2001					\$ -
2002					\$ -
2003					\$ -
2004					\$ -
2005					\$ -
2006					\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -

COMPLETE FOR AMENDMENTS ONLY

FY	Base Contract & Prior Amendments	THIS Amendment ONLY	State Agency/Fiscal Contact & Telephone
1999	\$ 329,500.00	\$ (329,500.00)	Rhonda Hicks -- 741.9795
2000			
2001			
2002			
2003			
2004			
2005			Funding Certification (certification required by T.C.A. §9-4-5113 that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)
2006			
TOTAL	\$ 329,500.00	\$ (329,500.00)	
End Date	3/15/2006	3/15/2006	DEC 06 REC'D

Contractor Ownership			
<input type="checkbox"/> African American	<input type="checkbox"/> Disabled	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Small Business <input checked="" type="checkbox"/> NOT minority/disadvantaged
<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> Native American	<input type="checkbox"/> OTHER minority/disadvantaged—

Contractor Selection Method		
<input type="checkbox"/> RFP	<input type="checkbox"/> Competitive Negotiation	<input type="checkbox"/> Alternative Procurement Method
<input type="checkbox"/> Non-Competitive Negotiation	<input type="checkbox"/> Government	<input type="checkbox"/> Other

Procurement Process Summary

Office of Contracts Review

CONTRACT SUMMARY SHEET

RFS Number:	345.30	Contract Number:	FA-97-12461-08
State Agency:	Human Services	Division:	Family Assistance
Contractor:		Contractor Identification Number:	
<i>Change to J.P. Morgan</i> CITIBANK, F.S.B.		X	V-
		C-	94 0472650 136190678
Service Description:			

Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)

Contract Begin Date:				Contract End Date:			
15-Jun-97				15-Mar-06			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
345.30	137	083	11	on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (includes All Amendments)		
1999	\$450,900.00	\$450,900.00			\$901,800.00		
2000	\$1,842,550.00	\$1,842,550.00			\$3,685,100.00		
2001	\$1,930,450.00	\$1,930,450.00			\$3,860,900.00		
2002	\$1,922,550.00	\$1,860,350.00			\$3,782,900.00		
2003	\$2,706,510.00	\$2,706,510.00			\$5,413,020.00		
2004	\$3,382,337.00	\$3,382,337.00			\$6,764,674.00		
2005	\$3,491,337.00	\$3,491,337.00			\$6,982,674.00		
2006	\$2,951,526.00	\$2,951,526.00			\$5,903,052.00		
Total	\$18,678,160.00	\$18,615,960.00	\$0.00	\$0.00	\$37,294,120.00		

CFDA Number:		Check the box (below) ONLY if the answer is YES:	
State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name: Rhonda Hicks		Is the Contractor a VENDOR? (per OMB A-133)	
Address: 14th Floor 312 8th Ave N		Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 741-9795		Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature:		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filled with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)			
Base Contract & Prior Amendments		This Amendment ONLY	
End Date:	3/15/2005	3/15/2006	
FY:	1999	\$901,800.00	
FY:	2000	\$3,685,100.00	
FY:	2001	\$3,860,900.00	
FY:	2002	\$3,782,900.00	
FY:	2003	\$5,413,020.00	
FY:	2004	\$6,764,674.00	
FY:	2005	\$5,061,540.00	\$1,921,134.00
FY:	2006		\$5,903,052.00
Totals:	\$29,469,934.00	\$7,824,186.00	

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
 2005 JAN 21 PM 2:01
 COMPTROLLER'S OFFICE
 OF REVENUE
 MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	317.05	Contract Number:	FA-97-12461-08
State Agency:	Human Services	Division:	Family Assistance

Contractor:		Contractor Identification Number:	
CITIBANK, F.S.B. <i>Change to S.P. Morgan</i>		X	V-
		C-	94.0472650 136190676

Service Description: Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)

Contract Begin Date:	Contract End Date:
15-Jun-97	15-Mar-06

Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
317.05	2007	83	12	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
1999		\$329,500.00	\$0.00		\$329,500.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
					\$0.00
					\$0.00
Total	\$0.00	\$329,500.00	\$0.00	\$0.00	\$329,500.00

CFDA Number:		Check the box (below) ONLY if the answer is YES	
State/Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name:	Rhonda Hicks	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	14th Floor 312 8th Ave N	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	741-9795	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	
		Funding Certification	

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (ONLY)			
	Base Contract & Prior Amendments	This Amendment ONLY	
End Date >	3/15/2005	3/15/2006	
FY	1999	\$329,500.00	
FY			
FY			
FY			
FY			
FY			
Totals:		\$329,500.00	\$0.00

CONTRACT SUMMARY SHEET

RFS Number:	345.30	Contract Number:	FA-97-12461-07
State Agency:	Human Services	Division:	Family Assistance
Contractor:		Contractor Identification Number:	

CITIBANK, F.S.B.

X

V-

C-

94.0472650

2004

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26

RECEIVED

Service Description

Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)

Contract Begin Date

15-Jun-97

Contract End Date

15-Mar-05

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
345.3	137	83	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
1999	\$450,900.00	\$450,900.00			\$901,800.00
2000	\$1,842,550.00	\$1,842,550.00			\$3,685,100.00
2001	\$1,930,450.00	\$1,930,450.00			\$3,860,900.00
2002	\$1,922,550.00	\$1,860,350.00			\$3,782,900.00
2003	\$2,706,510.00	\$2,706,510.00			\$5,413,020.00
2004	\$3,382,337.00	\$3,382,337.00			\$6,764,674.00
2005	\$2,530,770.00	\$2,530,770.00			\$5,061,540.00
Total	\$14,766,067.00	\$14,703,867.00	\$0.00	\$0.00	\$29,469,934.00

OFDA Number:	State Fiscal Contact:	Check the box (below) ONLY if the answer is YES:	
Name:	Rhonda Hicks	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Address:	14th Floor 312 8th Ave N	Is the Contractor a VENDOR? (per OMB A-133)	
Phone:	741-9795	Is the Fiscal Year Funding STRICTLY LIMITED?	
Procuring Agency Budget Officer Signature:		Is the Contractor on STARS?	X
		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	X

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date:	12/15/2004	3/15/2005
FY 1999	\$901,800.00	
FY 2000	\$3,685,100.00	
FY 2001	\$3,860,900.00	
FY 2002	\$3,782,900.00	
FY 2003	\$5,413,020.00	
FY 2004	\$6,764,674.00	
FY 2005	\$1,474,900.00	\$3,586,640.00
Totals	\$25,883,294.00	\$3,586,640.00

ACCOUNTS

JUN 27 PM 12:18

RECEIVED

COMPTROLLER'S OFFICE OF FINANCE & ADMINISTRATION

JUN 23 PM 3:43

RECEIVED

CONTRACT SUMMARY SHEET

RFS Number:	317.05	Contract Number:	FA-97-12461-07	
Agency:	Human Services	Division:	Family Assistance	
Contractor:		Contractor Identification Number:		
CITIBANK, F.S.B.		X	V-	94.0472650
			C-	

Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)

Contract Begin Date	Contract End Date
15-Jun-97	15-Mar-05

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
317.05	2007	83	12	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL Amendments
1999		\$329,500.00	\$0.00		\$329,500.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
					\$0.00
					\$0.00
					\$0.00
Total	\$0.00	\$329,500.00	\$0.00	\$0.00	\$329,500.00

C.F.D.A. Number		Check the box (below) ONLY if the answer is YES	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name:	Rhonda Hicks	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	14th Floor 312 8th Ave N	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	741-9795	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

Wm. A. Adams

COMPLETE FOR ALL AMENDMENTS (ONLY)			
		Base Contract & Prior Amendments	This Amendment ONLY
End Date		12/15/2004	3/15/2005
FY	1999	\$329,500.00	
FY			
FY			
FY			
FY			
FY			
Totals		\$329,500.00	\$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RFS Number	345.30	Contract Number	FA-97-12461-06
State Agency	Human Services	Division	Family Assistance
Contractor		Contractor Identification Number	
CITIBANK, F.S.B.		X	V-
			C-
		94.0472650	

Service Description

Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)

Contract Begin Date	Contract End Date
15-Jun-97	15-Dec-04

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
345.3	137	83	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount include ALL amendments
1999	\$450,900.00	\$450,900.00	\$0.00		\$901,800.00
2000	\$1,842,550.00	\$1,842,550.00	\$0.00		\$3,685,100.00
2001	\$1,930,450.00	\$1,930,450.00	\$0.00		\$3,860,900.00
2002	\$1,922,550.00	\$1,860,350.00	\$0.00		\$3,782,900.00
2003	\$2,706,510.00	\$2,706,510.00			\$5,413,020.00
2004	\$3,382,337.00	\$3,382,337.00			\$6,764,674.00
2005	\$737,450.00	\$737,450.00			\$1,474,900.00
Total	\$12,972,747.00	\$12,910,547.00	\$0.00	\$0.00	\$25,883,294.00

CFDA Number	Check the box (below) ONLY if the answer is YES
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name: Rhonda Hicks	Is the Contractor a VENDOR? (per OMB A-133)
Address: 14th Floor 312 8th Ave N	Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: 741-9795	Is the Contractor on STARS? <input checked="" type="checkbox"/>
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts? <input checked="" type="checkbox"/>

[Signature]

COMPLETE FOR ALL AMENDMENTS (only)

End Date	Base Contract & Prior Amendments	This Amendment ONLY
12/15/04		12/15/04
FY 1999	\$901,800.00	
FY 2000	\$3,685,100.00	
FY 2001	\$3,860,900.00	
FY 2002	\$3,782,900.00	
FY 2003	\$5,413,020.00	
FY 2004	\$3,533,900.00	
FY 2005	\$1,474,900.00	
Totals	\$22,652,520.00	\$3,230,774.00

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
 JAN 26 2004
 Office of Contracts Review
 2004 JAN 28 PM 12:35
 RECEIVED
 JAN 28 2004
 OFFICE OF
 CONTRACTS REVIEW
 MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number	317.05	Contract Number	FA-97-12461-06
State Agency	Human Services	Division	Family Assistance
Contractor		Contractor Identification Number	
CITIBANK, F.S.B.		X	V-
			C-
		94.0472650	

Service Description

Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)

Contract Begin Date	Contract End Date
15-Jun-97	15-Dec-04

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
317.05	2007	83	12	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount include ALL amendments
1999		\$329,500.00	\$0.00		\$329,500.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
					\$0.00
					\$0.00
Total:	\$0.00	\$329,500.00	\$0.00	\$0.00	\$329,500.00

CFDA Number	Check the box (below) ONLY if the answer is YES
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name: Rhonda Hicks	Is the Contractor a VENDOR? (per OMB A-133)
Address: 14th Floor 312 8th Ave N	Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: 741-9795	Is the Contractor on STARS? X
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts? X

Manner Ashley

COMPLETE FOR ALL AMENDMENTS (only)		
End Date	Base Contract & Prior Amendments	This Amendment ONLY
	12/15/2004	12/15/2004
FY 1999	\$329,500.00	
FY		
FY		
FY		
FY		
FY		
Totals:	\$329,500.00	\$0.00

RECEIVED

JAN 26 2004

Office of Contract Review

CONTRACT SUMMARY SHEET

RFS Number:	345.30	Contract Number:	FA-97-12461-05
State Agency:	Human Services	Division:	Family Assistance
Contractor:		Contractor Identification Number:	
CITIBANK, F.S.B.		X	V-
		C-	94.0472650

Service Description

Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)

Contract Begin Date:	Contract End Date:
15-Jun-97	15-Dec-04

Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
345.3	137	83	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL Amendments
1999	\$450,900.00	\$450,900.00	\$0.00		\$901,800.00
2000	\$1,842,550.00	\$1,842,550.00	\$0.00		\$3,685,100.00
2001	\$1,930,450.00	\$1,930,450.00	\$0.00		\$3,860,900.00
2002	\$1,922,550.00	\$1,860,350.00	\$0.00		\$3,782,900.00
2003	\$2,706,510.00	\$2,706,510.00			\$5,413,020.00
2004	\$1,766,950.00	\$1,766,950.00			\$3,533,900.00
2005	\$737,450.00	\$737,450.00			\$1,474,900.00
Total	\$11,357,360.00	\$11,295,160.00	\$0.00	\$0.00	\$22,652,520.00

CFDA Number:	Check the box (below) ONLY if the answer is YES:
State Fiscal Contact:	Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name: Rhonda Hicks	Is the Contractor a VENDOR? (per OMB A-133)
Address: 14th Floor 312 8th Ave N	Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: 741-9795	Is the Contractor on STARS? <input checked="" type="checkbox"/>
Procuring Agency Budget Officer Signature:	Is the Contractor's FORM W-9 ATTACHED?
<i>Jamie Pendergrass</i>	Is the Contractor's Form W-9 Filed with Accounts? <input checked="" type="checkbox"/>

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)

	End Date >	Base Contract & Prior Amendments	This Amendment ONLY
	12/15/04		12/15/04
FY	1999	\$901,800.00	
FY	2000	\$3,685,100.00	
FY	2001	\$3,860,900.00	
FY	2002	\$3,782,900.00	
FY	2003	\$3,533,900.00	\$1,879,120.00
FY	2004	\$3,533,900.00	
FY	2005	\$1,474,900.00	
Totals:		\$20,773,400.00	\$1,879,120.00

2003

COUNTS

CONTRACT SUMMARY SHEET

RFS Number:	317.05	Contract Number:	FA-97-12461-05
State Agency:	Human Services	Division:	Family Assistance
Contractor:		Contractor Identification Number:	
CITIBANK, F.S.B.		X	V-
		C-	94.0472650

Service Description

Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)

Contract Begin Date:	Contract End Date:
15-Jun-97	15-Dec-04

Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
317.05	2007	83	12	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
1999		\$329,500.00	\$0.00		\$329,500.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
					\$0.00
					\$0.00
Total:	\$0.00	\$329,500.00	\$0.00	\$0.00	\$329,500.00

CFDA Number:	Check the box (below) ONLY if the answer is YES:
State Fiscal Contact:	Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name: Rhonda Hicks	Is the Contractor a VENDOR? (per OMB A-133)
Address: 14th Floor 312 8th Ave N	Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: 741-9795	Is the Contractor on STARS? X
Procuring Agency Budget Officer Signature:	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts? X

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)		
Base Contract & Prior Amendments:	This Amendment ONLY	
End Date >	12/15/04	12/15/04
FY 1999	\$329,500.00	
FY		
FY		
FY		
FY		
FY		
Totals:	\$329,500.00	\$0.0

CONTRACT SUMMARY SHEET

ES Number:	345.30	Contract Number:	FA-97-12461-03 04
Agency:	Human Services	Division:	Family Assistance
Contractor:		Contractor Identification Number:	
CITIBANK, F.S.B.		<input checked="" type="checkbox"/> X <input type="checkbox"/> V- <input type="checkbox"/> <input type="checkbox"/> C-	94.0472650

Service Description:
 Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)

Contract Begin Date:	Contract End Date:
15-Jun-97	15-Dec-04

Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
345.3	137	83	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments
1999	\$450,900.00	\$450,900.00	\$0.00		\$901,800.00
2000	\$1,842,550.00	\$1,842,550.00	\$0.00		\$3,685,100.00
2001	\$1,930,450.00	\$1,930,450.00	\$0.00		\$3,860,900.00
2002	\$1,922,550.00	\$1,860,350.00	\$0.00		\$3,782,900.00
2003	\$1,766,950.00	\$1,766,950.00			\$3,533,900.00
2004	\$1,766,950.00	\$1,766,950.00			\$3,533,900.00
2005	\$737,450.00	\$737,450.00			\$1,474,900.00
Total:	\$10,417,800.00	\$10,355,600.00	\$0.00	\$0.00	\$20,773,400.00

FDA Number: State Fiscal Contact: Name: Rhonda Hicks Address: 14th Floor 312 8th Ave N Phone: 741-9795 Procuring Agency Budget Officer Signature:	Check the box (below) ONLY if the answer is YES: Is the Contractor a SUBRECIPIENT? (per OMB A-133) <input type="checkbox"/> Is the Contractor a VENDOR? (per OMB A-133) <input type="checkbox"/> Is the Fiscal Year Funding STRICTLY LIMITED? <input type="checkbox"/> Is the Contractor on STARS? <input checked="" type="checkbox"/> X Is the Contractor's FORM W-9 ATTACHED? <input type="checkbox"/> Is the Contractor's Form W-9 Filled with Accounts? <input checked="" type="checkbox"/> X
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[Signature]

Funding Certification
 Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)		
FY	Base Contract & Prior Amendments	This Amendment ONLY
	End Date: 12/15/2004	12/15/2004
FY 1999	\$901,800.00	
FY 2000	\$3,685,100.00	
FY 2001	\$3,860,900.00	
FY 2002	\$3,533,900.00	\$249,000.00
FY 2003	\$3,533,900.00	
FY 2004	\$3,533,900.00	
FY 2005	\$1,474,900.00	
Totals:	\$20,524,400.00	\$249,000.00

JUL 15 2002
 DIRECTOR OF ACCOUNTS

RECEIVED
 2002 JUL 10 PM 2:03
 COMPTROLLER'S OFFICE
 OFFICE OF
 MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

Contract Number:	317.05	Contract Number:	FA-97-12461-03 04
Agency:	Human Services	Division:	Family Assistance
Contractor		Contractor Identification Number	
CITIBANK, F.S.B.		<input checked="" type="checkbox"/> X <input type="checkbox"/> V- <input type="checkbox"/> <input type="checkbox"/> C-	94.0472650

Service Description
 Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)

Contract Begin Date	Contract End Date
15-Jun-97	15-Dec-04

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
317.05	2007	83	12	on STARS		

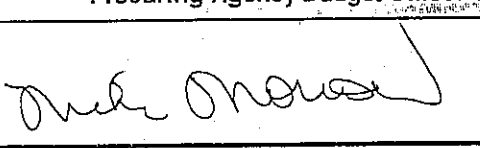
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments
1999		\$329,500.00	\$0.00		\$329,500.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
					\$0.00
					\$0.00
Total:	\$0.00	\$329,500.00	\$0.00	\$0.00	\$329,500.00

Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact Name: Rhonda Hicks Address: 14th Floor 312 8th Ave N Phone: 741-9795	Is the Contractor a SUBRECIPIENT? (per OMB A-133) <input type="checkbox"/> Is the Contractor a VENDOR? (per OMB A-133) <input type="checkbox"/> Is the Fiscal Year Funding STRICTLY LIMITED? <input type="checkbox"/> Is the Contractor on STARS? <input checked="" type="checkbox"/> X Is the Contractor's FORM W-9 ATTACHED? <input type="checkbox"/> Is the Contractor's Form W-9 Filed with Accounts? <input checked="" type="checkbox"/> X
Procuring Agency Budget Officer Signature 	

Funding Certification
 Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)		
Base Contract & Prior Amendments	This Amendment ONLY	End Date
12/15/2004	12/15/2004	
FY: 1999	\$329,500.00	
FY:		
FY:		
FY:		
FY:		
Totals:	\$329,500.00	\$0.00

CONTRACT SUMMARY SHEET

RFS Number:	345.30	Contract Number:	FA-97-12461-03
State Agency:	Human Services	Division:	Family Assistance
Contractor		Contractor Identification Number	
CITIBANK, F.S.B.		X	V-
			C-
94.0472650			
Service Description			
Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)			
Contract Begin Date		Contract End Date	
15-Jun-97		15-Dec-04	
Allotment Code	Cost Center	Object Code	Fund
345.30	137	083	11
		Grant	Grant Code
		on STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds
1999	\$450,900.00	\$450,900.00	\$0.00
2000	\$1,842,550.00	\$1,842,550.00	\$0.00
2001	\$1,930,450.00	\$1,930,450.00	\$0.00
2002	\$1,766,950.00	\$1,766,950.00	\$0.00
2003	\$1,766,950.00	\$1,766,950.00	
2004	\$1,766,950.00	\$1,766,950.00	
2005	\$737,450.00	\$737,450.00	
Total:	\$10,262,200.00	\$10,262,200.00	\$0.00
		Other Funding	Total Contract Amount include ALL amendments
		\$0.00	\$20,524,400.00
CFDA Number:		Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name:	Rhonda Hicks	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	14th Floor 312 8th Ave N	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	741-9795	Is the Contractor on STARS? X	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts? X	
COMPLETE FOR ALL AMENDMENTS (only)		Funding Certification	
Base Contract & Prior Amendments		Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
End Date >	12/15/2004		
FY:	1999	\$901,800.00	
FY:	2000	\$3,685,100.00	No change in
FY:	2001	\$3,860,900.00	Maximum Liability
FY:	2002	\$3,533,900.00	in this amendment.
FY:	2003	\$3,533,900.00	
FY:	2004	\$3,533,900.00	
FY:	2005	\$1,474,900.00	
Totals:	\$20,524,400.00	\$0.00	

RECEIVED
FEB 23 2005
OFFICE OF THE COMPTROLLER
GENERAL SERVICES
ACCOUNTS

CONTRACT SUMMARY SHEET

RFS Number:	317.05	Contract Number:	FA-97-12461-03
State Agency:	Human Services	Division:	Family Assistance
Contractor		Contractor Identification Number	
CITIBANK, F.S.B.		X	V-
			C-
		94.0472650	

Service Description

Provide EBT delivery of Food Stamp and TANF benefits (the state was not billed for services until fiscal year 1999)

Contract Begin Date				Contract End Date			
15-Jun-97				15-Dec-04			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
317.05	2007	0 83	12	on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments		
1999		\$329,500.00	\$0.00		\$329,500.00		
			\$0.00		\$0.00		
			\$0.00		\$0.00		
			\$0.00		\$0.00		
			\$0.00		\$0.00		
					\$0.00		
					\$0.00		
Total:	\$0.00	\$329,500.00	\$0.00	\$0.00	\$329,500.00		

CFDA Number:	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name: Rhonda Hicks	Is the Contractor a VENDOR? (per OMB A-133)	
Address: 14th Floor 312 8th Ave N	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 741-9795	Is the Contractor on STARS?	X
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?	
	Is the Contractor's Form W-9 Filed with Accounts?	X

Funding Certification
Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	12/15/2004	12/15/2004
FY: 1999	\$329,500.00	
FY:		No change in
FY:		Maximum Liability
FY:		in this amendment.
FY:		
FY:		
Totals:	\$329,500.00	\$0.00

CONTRACT SUMMARY SHEET

Contract Number	FA-97-12461-03	State Agency	DEPARTMENT OF HUMAN SERVICES
RFS NUMBER	345.30	Division	FAMILY ASSISTANCE
Contractor		VENDOR I.D. NUMBER	
CITIBANK, F.S.B.		<input checked="" type="checkbox"/> V____ <input type="checkbox"/> C____	94.0472650
Service Description			

Contract Begin Date		6/15/97		Contract End Date		12/15/2004	
Allocation Code	345.30	Cost Center	137	Object Code	083	Fund	11
				Grant	on STARS		
				GRANT CODE			
				Subgrant Cod			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amounts (including all amendments)		
FY99	450,900.00	450,900.00			901,800.00		
FY00	1,842,550.00	1,842,550.00			3,685,100.00		
FY01	1,930,450.00	1,930,450.00			3,860,900.00		
FY02	1,766,950.00	1,766,950.00			3,533,900.00		
FY03	1,766,950.00	1,766,950.00			3,533,900.00		
FY04	1,766,950.00	1,766,950.00			3,533,900.00		
FY05	737,450.00	737,450.00			1,474,900.00		
Total	10,262,200.00	10,262,200.00			20,524,400.00		

<input type="checkbox"/>	Fiscal Year Funding Strictly Limited		93.558
<input checked="" type="checkbox"/>	Contractor is on STARS	State Fiscal Contact	
<input checked="" type="checkbox"/>	Current Form W-9 on file With Accounts	Name	JIM MCGEE
<input type="checkbox"/>	OR Form w-9 Attached	Address	400 DEADERICK ST.
		Phone	313-5408
<input checked="" type="checkbox"/>	Service Provider registered with F&A	Procuring Agency Budget Officer Approval Signature	
<input type="checkbox"/>	Contractor is a Subrecipient (as defined by OMB Circular A-133)	Gregory Turner 11/7/01	
COMPLETE FOR ALL AMENDMENTS (only)		Funding Certification	
Contract End Date	Base Contract & Prior Amendments	This Amendment ONLY	
FY99	901,800.00	No change in	
FY00	3,685,100.00	Maximum Liability	
FY01	3,860,900.00	In this amendment.	
FY02	3,533,900.00		
FY03	3,533,900.00		
FY04	3,533,900.00		
FY05	1,474,900.00		
Total	20,524,400.00	0.00	

Pursant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is

Gregory C. Turner

not otherwise encumbered to pay obligations previously incurred.

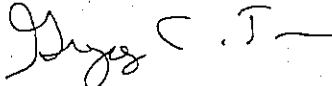
OCR Use Only

CONTRACT SUMMARY SHEET

Contract Number	FA-97-12461-03	State Agency	DEPARTMENT OF HUMAN SERVICES
RPS NUMBER		Division	FAMILY ASSISTANCE
Contractor		VENDOR I.D. NUMBER	
CITIBANK, F.S.B.		<input checked="" type="checkbox"/> V <input type="checkbox"/> C	94.0472650
Service Description			

Contract Begin Date				Contract End Date	
6/15/97				12/15/2004	
Allotment Code	Cost Center	Object Code	Fund	Grant	GRANT CODE
317.05	2007	083	11	on STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amounts (including all amendments)
FY99	.	329,500.00			329,500.00
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Total	0.00	329,500.00	-	-	329,500.00

<input type="checkbox"/>	Fiscal Year Funding Strictly Limited	93.558
<input checked="" type="checkbox"/>	Contractor is on STARS	State Fiscal Contact
<input checked="" type="checkbox"/>	Current Form W-9 on IFile With Accounts OR Form w-9 Attached	Name: JIM MCGEE Address: 400 DEADERICK ST. Phone: 313-5408
<input checked="" type="checkbox"/>	Service Provider registered with F&A	Procuring Agency Budget Officer Approval Signature
<input type="checkbox"/>	Contractor is a Subrecipient (as defined by OMB Circular A-133)	Gregory Turner 11/7/01

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
Contract End Date	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-5-113, I, C. Warren Neel, Commissioner of Finance and Administration do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is  not otherwise encumbered to pay obligations previously incurred.
FY99	12/15/2004 329,500.00	12/15/2004 No change in Maximum Liability in this amendment.	
Total	329,500.00	0.00	OCR Use Only

CONTRACT SUMMARY SHEET

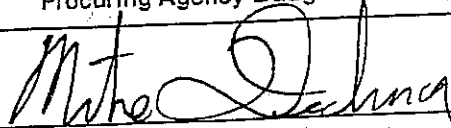
Contract Number	FA-97-12461- 02	State Agency	Department of Human Services
		Division	Family Assistance
Contractor		Vendor ID Number	
Citibank, F.S.B.		<input checked="" type="checkbox"/> V <input type="checkbox"/> C	94.0472650

Service Description
Provide EBT delivery of Food Stamp and TANF benefits (The state will not be billed for services until fiscal year 1999)

Contract Begin Date		Contract End Date	
6/15/97		12/15/2004	

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
345.30	137	083	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
					\$0.00
1997	\$0.00	\$0.00			\$0.00
1998	\$0.00	\$0.00			\$901,800.00
1999	\$450,900.00	\$450,900.00			\$3,685,100.00
2000	\$1,842,550.00	\$1,842,550.00			\$3,860,900.00
2001	\$1,930,450.00	\$1,930,450.00			\$8,447,800.00
Total	\$4,223,900.00	\$4,223,900.00			

<input type="checkbox"/>	Fiscal Year Funding Is Strictly Limited	CFDA Number	
<input checked="" type="checkbox"/>	Contractor is on STARS	State Fiscal Contact	
<input checked="" type="checkbox"/>	Current Form W-9 On File With Accounts OR Form W-9 Attached	Name Address Phone	Sheikh Burr 15th floor, Citizens Plaza (615) 313-5617
<input type="checkbox"/>	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature	
<input type="checkbox"/>	Contractor Is a SUBRECIPIENT (as defined by OMB Circular A-133)		

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
Contract End Date		
FY 1997	\$0.00	\$0.00
FY 1998	\$0.00	\$0.00
FY 1999	\$901,800.00	\$0.00
FY 2000	\$3,654,300.00	\$30,800.00
FY 2001	\$3,827,300.00	\$33,600.00
Total	\$8,383,400.00	\$64,400.00

Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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CONTRACT SUMMARY SHEET

Contract Number	FA-97-12461-	State Agency	Department of Human Services
		Division	Family Assistance
Contractor		Vendor ID Number	
Citibank, F.S.B.		<input checked="" type="checkbox"/> V <input type="checkbox"/> C	94.0472650

Service Description
Provide EBT delivery of Food Stamp and TANF benefits (The state will not be billed for services until fiscal year 1999)

Contract Begin Date		Contract End Date	
6/15/97		15/15/2004	

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
345.30	137	083	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2002	\$1,766,950.00	\$1,766,950.00			\$3,533,900.00
2003	\$1,766,950.00	\$1,766,950.00			\$3,533,900.00
2004	\$1,766,950.00	\$1,766,950.00			\$3,533,900.00
2005	\$737,450.00	\$737,450.00			\$1,474,900.00
Total	\$10,262,200.00	\$10,262,200.00			\$20,524,400.00 20,833,900

<input type="checkbox"/>	Fiscal Year Funding Is Strictly Limited	CFDA Number	
<input checked="" type="checkbox"/>	Contractor is on STARS	State Fiscal Contact	
<input checked="" type="checkbox"/>	Current Form W-9 On File With Accounts OR Form W-9 Attached	Name Address Phone	Sheila 15th floor, Citizens Plaza (615) 313-5617
<input type="checkbox"/>	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature	
<input type="checkbox"/>	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)		

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
Contract End Date		
FY 2002	\$3,500,300.00	\$33,600.00
FY 2003	\$3,500,300.00	\$33,600.00
FY 2004	\$3,500,300.00	\$33,600.00
FY 2005	\$1,458,100.00	\$16,800.00
FY		
Total	20,342,400.00	\$182,000.00

Funding Certification
Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

OCR Use Only

CONTRACT SUMMARY SHEET

Contract Number FA-97-12461-	State Agency	Department of Finance and Administration
	Division	Accounts
Contractor		Vendor ID Number
Citibank, F.S.B.	<input checked="" type="checkbox"/> V— <input type="checkbox"/> C—	94.0472650

Service Description
 Provide EBT delivery of Food Stamp and TANF benefits (The state will not be billed for services until fiscal year 1999)

Contract Begin Date	Contract End Date
6/15/97	12/15/2004

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
317.05	2007	083	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
1999		\$329,500.00			\$329,500.00
Total		\$329,500.00			\$329,500.00

<input type="checkbox"/>	Fiscal Year Funding Is Strictly Limited	CFDA Number	
<input checked="" type="checkbox"/>	Contractor Is on STARS	State Fiscal Contact	
<input checked="" type="checkbox"/>	Current Form W-9 On File With Accounts	Name Address Phone	Jack Hill 16th floor Snodgrass-Tennessee Tower (615) 532-9612
<input type="checkbox"/>	OR Form W-9 Attached		
<input type="checkbox"/>	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature	
<input type="checkbox"/>	Contractor Is a SUBRECIPIENT (as defined by OMB Circular A-133)		

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	
Contract End Date			Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
FY 1999	\$329,500.00	\$0.00	
FY			
FY			
FY			
FY			
Total	\$329,500.00	\$0.00	OCR Use Only

CONTRACT SUMMARY SHEET

<input type="checkbox"/> NEW CONTRACT <input checked="" type="checkbox"/> AMENDMENT #1		<input checked="" type="checkbox"/> FA <input type="checkbox"/> GR <input type="checkbox"/> DP <input type="checkbox"/> RV <input type="checkbox"/> ID <input type="checkbox"/> Z <input type="checkbox"/> DG <input type="checkbox"/> NC <input type="checkbox"/> GU <input type="checkbox"/> GG <input type="checkbox"/> DL				CONTRACT NUMBER		RFS NUMBER	
				FA-97-12461-00		31705.002			
<input checked="" type="checkbox"/> OTHER CONTRACTING PARTY (VENDOR): <input type="checkbox"/> GRANTEE: <div style="text-align: center;">Citibank, F.S.B.</div>						VENDOR I.D. NUMBER: <input type="checkbox"/> V <input type="checkbox"/> C 94-0472650			
STATE AGENCY: Finance and Administration						DIVISION: Accounts			
PROGRAM CONTACT: Jack Hill FLOOR(SUITE)/BLDG.: 16th floor, Tennessee Tower TELEPHONE: (615) 532-9612						FISCAL CONTACT: Jack Hill FLOOR(SUITE)/BLDG.: 16th floor, Tennessee Tower TELEPHONE: (615) 532-9612			
ALLOTMENT CODE	COST CENTER	MAJOR & MINOR OBJECT CODE	FUND	GRANT IS ON STARS	GRANT CODE	SUBGRANT CODE	CEDA NUMBER		
317.05	2109	083	11	<input type="checkbox"/> Yes					

CONTRACT TERM:

BEGIN DATE: 6/15/97	END DATE: 12/15/04
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ESTIMATED EXPENDITURES BY FISCAL YEAR AND FUNDING SOURCE:

FY	STATE	FEDERAL	INTERDEPARTMENTAL	OTHER	TOTAL CONTRACT AMOUNT INCLUDING ALL AMENDMENTS
1999		\$329,500.00			\$329,500.00
TOTAL		\$329,500.00			\$329,500.00

CONTRACT SCOPE / SERVICE DESCRIPTION:

The above estimated expenditure represents total costs for the Department of Health to conduct a WIC Program EBT pilot should the department so decide.

CHECK ONE FOR EACH CATEGORY:

<input type="checkbox"/> FISCAL YEAR FUNDING IS STRICTLY LIMITED.
<input checked="" type="checkbox"/> FUNDS MAY ROLL FORWARD TO SUBSEQUENT FISCAL YEARS WITHIN THE CONTRACT TERM.
<input type="checkbox"/> CONTRACTOR/GRANTEE IS ALREADY SET UP IN STARS ON ACH. <input checked="" type="checkbox"/> CONTRACTOR/GRANTEE ACH FORM IS ATTACHED.
<input type="checkbox"/> CURRENT FORM W-9 INFORMATION IS ON FILE IN ACCOUNTS. <input checked="" type="checkbox"/> A FORM W-9 IS ATTACHED.
<input type="checkbox"/> CONTRACTOR/GRANTEE IS A SUBRECIPIENT AS DEFINED BY OMB CIRCULAR A-133 <input checked="" type="checkbox"/> CONTRACTOR/GRANTEE IS A VENDOR AS DEFINED BY OMB CIRCULAR A-133

FISCAL OFFICER/DESIGNEE APPROVAL:	COMPLETE FOR AMENDMENTS ONLY:
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<div style="font-family: cursive; font-size: 1.2em;">William D. Buntor</div> <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE</div> <div>DATE: 2/3/99</div> </div> <div style="background-color: #cccccc; padding: 2px;">OCA USE ONLY:</div>	ORIGINAL CONTRACT AND PRIOR AMENDMENTS		THIS AMENDMENT ONLY
	TERMINATION DATE:		
	FY FUNDING:		
	TOTAL:		

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CONTRACT SUMMARY SHEET

<input checked="" type="checkbox"/> NEW CONTRACT <input type="checkbox"/> AMENDMENT #		<input checked="" type="checkbox"/> FA <input type="checkbox"/> GR <input type="checkbox"/> DP <input type="checkbox"/> RV <input type="checkbox"/> ID <input type="checkbox"/> Z <input type="checkbox"/> DG <input type="checkbox"/> NC <input type="checkbox"/> GU <input type="checkbox"/> GG <input type="checkbox"/> DL		CONTRACT NUMBER		RFS NUMBER	
				15A 97-12461-02		317.05002	
<input checked="" type="checkbox"/> OTHER CONTRACTING PARTY (VENDOR): Citibank, F.S.B.				<input type="checkbox"/> GRANTEE: Vendor I.D. NUMBER: <input checked="" type="checkbox"/> V <input type="checkbox"/> C 94-0472650			
STATE AGENCY: Finance and Administration				DIVISION: Accounts			
PROGRAM CONTACT: Jack Hill FLOOR(SUITE)/BLDG.: 9th floor, Tennessee Tower TELEPHONE: (615) 532-9612				FISCAL CONTACT: Jack Hill FLOOR(SUITE)/BLDG.: 9th floor, Tennessee Tower TELEPHONE: (615) 632-9612			
ALLOTMENT CODE	COST CENTER	MAJOR & MINOR OBJECT CODE	FUND	GRANT IS ON STARS	GRANT CODE	SUBGRANT CODE	CFDA NUMBER
317.05	2109	08 3	11	<input type="checkbox"/> YES			
BEGINNING DATE: 6/15/97				TERMINATION DATE: 12/15/04			

ESTIMATED EXPENDITURES BY FISCAL YEAR BY FUNDING SOURCE:

FY	STATE	FEDERAL	INTERDEPARTMENTAL	OTHER	TOTAL CONTRACT AMOUNT INCLUDING ALL AMENDMENTS
1999		\$329,500.00			\$329,500.00
TOTAL		\$329,500.00			\$329,500.00

CONTRACT SCOPE / SERVICE DESCRIPTION:

The above estimated expenditure represents total costs for the Department of Health to conduct a WIC Program EBT pilot should the department so decide.

CHECK ONE FOR EACH CATEGORY:

<input type="checkbox"/> FISCAL YEAR FUNDING IS STRICTLY LIMITED. <input checked="" type="checkbox"/> FUNDS MAY ROLL FORWARD TO SUBSEQUENT FISCAL YEARS WITHIN THE CONTRACT TERM.	JUL 17 PM
<input type="checkbox"/> VENDOR IS ALREADY SET UP IN STARS ON ACH. <input checked="" type="checkbox"/> VENDOR ACH FORM IS ATTACHED.	
<input type="checkbox"/> CURRENT FORM W-9 INFORMATION IS ON FILE IN ACCOUNTS. <input checked="" type="checkbox"/> A FORM W-9 IS ATTACHED.	

APPROVED BY FISCAL OFFICER:

COMPLETE FOR AMENDMENTS ONLY:

Signature: <i>William D. Buntin</i> DATE: 7/11/97 OCA USE ONLY:		ORIGINAL CONTRACT AND PRIOR AMENDMENTS	THIS AMENDMENT
	TERMINATION DATE:		
	FY / FUNDING:		
	TOTAL:		

JUL 23 1997

CONTRACT SUMMARY SHEET

<input checked="" type="checkbox"/> NEW CONTRACT <input type="checkbox"/> AMENDMENT #		<input type="checkbox"/> FA <input type="checkbox"/> GR <input type="checkbox"/> DP <input type="checkbox"/> RV <input type="checkbox"/> ID <input type="checkbox"/> Z <input type="checkbox"/> DG <input type="checkbox"/> NC <input type="checkbox"/> GU <input type="checkbox"/> GG <input type="checkbox"/> DL		CONTRACT NUMBER		RFS NUMBER	
<input checked="" type="checkbox"/> OTHER CONTRACTING PARTY (VENDOR): <input type="checkbox"/> GRANTEE:				VENDOR I.D. NUMBER: <input checked="" type="checkbox"/> V <input type="checkbox"/> C 94.0472650			
Citibank, F.S.B.							
STATE AGENCY: Department of Human Services				DIVISION: Family Assistance			
PROGRAM CONTACT: Greg Turner FLOOR(SUITE)/BLDG.: 15th floor, Citizens Plaza TELEPHONE: (615) 313-5617				FISCAL CONTACT: Greg Turner FLOOR(SUITE)/BLDG.: 15th floor, Citizens Plaza TELEPHONE: (615) 313-5617			
ALLOTMENT CODE	COST CENTER	MAJOR & MINOR OBJECT CODE	FUND	GRANT IS ON STARS	GRANT CODE	SUBGRANT CODE	CFDA NUMBER
345.30	137	083	11	<input type="checkbox"/> YES			
BEGINNING DATE: 6/15/97				TERMINATION DATE: 12/15/04			

ESTIMATED EXPENDITURES BY FISCAL YEAR BY FUNDING SOURCE:

FY	STATE	FEDERAL	INTERDEPARTMENTAL	OTHER	TOTAL CONTRACT AMOUNT INCLUDING ALL AMENDMENTS
1997	\$ 0.00	\$ 0.00			\$ 0.00
1998	\$ 0.00	\$ 0.00			\$ 0.00
1999	\$450,900.00	\$450,900.00			\$901,800.00
2000	\$1,827,150.00	\$1,827,150.00			\$3,654,300.00
2001	\$1,913,650.00	\$1,913,650.00			\$3,827,300.00
TOTAL					

CONTRACT SCOPE / SERVICE DESCRIPTION:


Provide EBT delivery of Food Stamp and TANF benefits (The state will not be billed for services until fiscal year 1999).

CHECK ONE FOR EACH CATEGORY:

- ☐ FISCAL YEAR FUNDING IS STRICTLY LIMITED.
☒ FUNDS MAY ROLL FORWARD TO SUBSEQUENT FISCAL YEARS WITHIN THE CONTRACT TERM.
☐ VENDOR IS ALREADY SET UP IN STARS ON ACH.
☒ VENDOR ACH FORM IS ATTACHED.
☐ CURRENT FORM W-9 INFORMATION IS ON FILE IN ACCOUNTS.
☒ A FORM W-9 IS ATTACHED.

APPROVED BY FISCAL OFFICER:

COMPLETE FOR AMENDMENTS ONLY:

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  SIGNATURE </div> <div style="text-align: center;"> 7/3/97 DATE </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> OCA USE ONLY: </div>		ORIGINAL CONTRACT AND PRIOR AMENDMENTS	THIS AMENDMENT
	TERMINATION DATE:		
	FY / FUNDING:		
	TOTAL:		

CONTRACT SUMMARY SHEET

<input checked="" type="checkbox"/> NEW CONTRACT <input type="checkbox"/> AMENDMENT #		<input type="checkbox"/> FA <input type="checkbox"/> GR <input type="checkbox"/> DP <input type="checkbox"/> RV <input type="checkbox"/> ID <input type="checkbox"/> Z <input type="checkbox"/> DG <input type="checkbox"/> NC <input type="checkbox"/> GU <input type="checkbox"/> GG <input type="checkbox"/> DL		CONTRACT NUMBER		RFS NUMBER	
<input checked="" type="checkbox"/> OTHER CONTRACTING PARTY (VENDOR): <input type="checkbox"/> GRANTEE:				VENDOR I.D. NUMBER: <input checked="" type="checkbox"/> V <input type="checkbox"/> C 94.0472650			
Citibank, F.S.B.				DIVISION: Family Assistance			
STATE AGENCY: Department of Human Services				FISCAL CONTACT: Greg Turner FLOOR(SUITE)/BLDG.: 15th floor, Citizens Plaza TELEPHONE: (615) 313-5617			
PROGRAM CONTACT: Greg Turner FLOOR(SUITE)/BLDG.: 15th floor, Citizens Plaza TELEPHONE: (615) 313-5617				FISCAL CONTACT: Greg Turner FLOOR(SUITE)/BLDG.: 15th floor, Citizens Plaza TELEPHONE: (615) 313-5617			
ALLOTMENT CODE	COST CENTER	MAJOR & MINOR OBJECT CODE	FUND	GRANT IS ON STARS	GRANT CODE	SUBGRANT CODE	CFDA NUMBER
345.30	137	08	11	<input type="checkbox"/> YES			
BEGINNING DATE: 6/15/97				TERMINATION DATE: 12/15/04			

ESTIMATED EXPENDITURES BY FISCAL YEAR BY FUNDING SOURCE:

FY	STATE	FEDERAL	INTERDEPARTMENTAL	OTHER	TOTAL CONTRACT AMOUNT INCLUDING ALL AMENDMENTS
2002	\$1,750,150.00	\$1,750,150.00			\$3,500,300.00
2003	\$1,750,150.00	\$1,750,150.00			\$3,500,300.00
2004	\$1,750,150.00	\$1,750,150.00			\$3,500,300.00
2005	\$729,050.00	\$729,050.00			\$1,458,100.00
TOTAL	\$10,171,200.00	\$10,171,200.00			\$20,342,400.00

CONTRACT SCOPE / SERVICE DESCRIPTION:

Provide EBT delivery of Food Stamp and TANF benefits (The state will not be billed for services until fiscal year 1999).

CHECK ONE FOR EACH CATEGORY:

- ☐ FISCAL YEAR FUNDING IS STRICTLY LIMITED.
☒ FUNDS MAY ROLL FORWARD TO SUBSEQUENT FISCAL YEARS WITHIN THE CONTRACT TERM.
☐ VENDOR IS ALREADY SET UP IN STARS ON ACH.
☒ VENDOR ACH FORM IS ATTACHED.
☐ CURRENT FORM W-9 INFORMATION IS ON FILE IN ACCOUNTS.
☒ A FORM W-9 IS ATTACHED.

APPROVED BY FISCAL OFFICER:

COMPLETE FOR AMENDMENTS ONLY:

<div style="font-family: cursive; font-size: 1.2em;">Sheila Burr</div> <div style="text-align: right; font-size: 1.2em;">7/3/97</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> SIGNATURE DATE </div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"> <p style="margin: 5px 0;">OCA USE ONLY:</p> </div>		ORIGINAL CONTRACT AND PRIOR AMENDMENTS	THIS AMENDMENT	
		TERMINATION DATE:		
		FY / FUNDING:		
		TOTAL:		